

Care Living Labs Flanders' opportunities for informal care

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INTRODUCTION

Worldwide the care for older adults faces problems as personnel shortages and budgetary restrictions while the demand for care is rising. To tackle these challenges the Flemish government funded six Care Living Labs (CLL) from 2013 to 2016. These are experimentation environments where care concepts, services, processes and products are created and tested in real life together with the end users. The social and technological innovations developed in these CLL may have implications for informal care such as an increasing burden. Overcharging informal caregivers can lead to physical and psychological complaints, financial difficulties and a lack of time for social and professional activities. Eventually these consequences also affect older adults. Therefore the Knowledge Innovation Center for Elderly Care (KIO) investigated if these CLL have paid enough attention to informal care in their innovation plans.

METHODS

A qualitative study with a document analysis of the CLL proposals was conducted. An inductive analysis was performed to explore the CLL views on informal care and to map possible effects of their innovations for informal caregivers. Thereafter these visions were compared with prevailing theories about informal care (Heylen & Mortelmans, 2006) and the development and implementation of care innovations (Perrot, 2013) through deductive analysis. Afterwards semi-structured interviews were conducted with the CLL coordinators to collect missing data and to verify the results of the analyses.

RESULTS

All CLL mentioned the importance of informal care in their proposals. However, only four of them planned to develop innovations which may support informal caregivers' ability to care or decrease their burden directly. The two remaining CLL have not described any possible effects of such nature. Innovations with an indirect effect on informal care are being developed by all CLL. As seen in table 1 the innovations can decrease biopsychosocial burden, financial and time efforts and improve social support, cooperation with professional caregivers, knowledge and skills of informal caregivers. Unfortunately no innovations aim to increase physical and psychological strengths and decrease social burden of informal caregivers. Remarkably only five CLL planned to include informal caregivers in their testing panel of which only two have a recruitment strategy for informal caregivers.

Table 1. Targeted and expected effects from the innovations developed within the different CLL on the ability to care and the burden of informal caregivers

Aspect of informal care	Care Living Labs					
	Licalab	AZoB	InnovAGE	AIPA	Careville	Online Buurten
Decreasing burden						
Physical level						
Psychological level						
Social level						
Financial level						
Spent time						
Increasing ability to care						
Physical level						
Psychological level						
Social level						
Knowledge & skills						
Professional support						

Effect mentioned implicitly
 Effect not mentioned but can be expected
 No effects expected or mentioned

CONCLUSIONS

All CLL are supporting several aspects of informal care. However more innovations should be developed to increase the physical and psychological strength and to decrease social burden of informal caregivers. Every CLL should involve informal caregivers in the development of their innovations and should determine a strategy to include informal caregivers and to involve them in the development process using appropriate co-creation techniques.

REFERENCES

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